

<b>REQUEST FOR ORAL HEARING</b> BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) NOD-001.01
	In re Application of <span style="float: right;">Ari Ikonen <i>et al.</i></span>	
	Application Number 09/587,959-Conf. #9612	Filed June 6, 2000
	For DATA TRANSFER ADAPTOR AND A METHOD FOR TRANSFERRING DATA	
	Art Unit            2623	Examiner            J. R. Sheleheda
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p> <p>The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) <span style="float: right;">\$ <u>1,030.00</u></span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>06-1448, ref. NOD-00101</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.</p> </div> <div style="width: 35%;"> <p style="text-align: center;">_____ /SCOTT E. KAMHOLZ/ Signature</p> <p style="text-align: center;">_____ Scott E. Kamholz Typed or printed name</p> <p style="text-align: center;">_____ October 10, 2007 Date</p> <p style="text-align: center;">_____ (617) 832-1176 Telephone number</p> </div> </div> <p>Registration number <u>48,543</u></p> <p>Registration number if acting under 37 CFR 1.34. _____</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>		
<input type="checkbox"/> *Total of _____ forms are submitted.		